



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

MEMORANDUM

DATE: March 2006
TO: Interested Parties
FROM: Rae Ramsdell, Licensing Director
Licensing Division, Bureau of Health Professions
SUBJECT: Train-The-Trainer Workshops

Registered Nurses who are interested in becoming certified instructors of the Nurse Aide Training Program must complete a workshop entitled Introduction to Train-The-Trainer. Participants complete an examination at the end of the workshop to determine if they are ready to teach the program. Those who qualify will receive a certificate that allows them to be a trainer.

This workshop is being offered at five locations, beginning in June 2006. The Michigan Association of Homes and Services for the Aging (MAHSA) will coordinate these workshops for the Department of Community Health (MDCH).

Basic Qualifications for Train-The-Trainer Workshops

The details of the qualifications are on the enclosed Application Form. Basically, the applicant must have:

1. A current Michigan Registered Nurse license that is in good standing. Licensed Practical Nurses are not eligible for this certificate.
2. Two years of nursing experience with at least one year of recent experience in long term care facility services.
3. Experience teaching adults or a State of Michigan teaching certificate.

The Application Form and required documentation are to be submitted to:

By Mail
Train-The-Trainer Application
Bureau of Health Professions
MDCH
PO Box 30670
Lansing, MI 48909-8170

By Fax
Train-The-Trainer Application
517-241-9416

If you have questions about these requirements, please call 517-373-4674.

Certified Train-The-Trainers should retake this workshop five years after their initial certification.

2006

Introduction to Train-The-Trainer Workshop

A workshop to prepare participants to conduct nurse aide training.

Who Should Apply

The Introduction to Train-The-Trainer workshop provides a training program for licensed Registered Nurses who are interested in becoming certified instructors for the Nurse Aide Training Program. Also, Certified Train-The-Trainers should retake this workshop five years after their initial certification.

Train-The-Trainer Certification

Within six (6) weeks after the workshop date, certificates will be mailed by the Bureau of Health Professions, Michigan Department of Community Health (MDCH) to participants who successfully complete the workshop. Certification becomes effective the first day of the month after successfully completing the workshop. For example, if you successfully complete the workshop on June 5, 2006, the certification period is July 1, 2006 to December 31, 2008. Trainers may begin training after the Train-The-Trainer Certificate is received from the MDCH.

Workshop Objectives

This workshop is designed to acquaint participants with the federal requirements and to assist participants in developing a Nurse Aide Training Program for Michigan.

Upon completion, participants will be able to:

1. Describe the components of a Nurse Aide Training Program for Michigan.
2. Discuss the federal requirements for all nurse aide training programs.
3. Discuss the content areas in a state-approved nurse aide training program for Michigan.
4. Discuss five (5) principles of adult learning and special needs students and how to incorporate them into teaching styles and lesson plans.
5. Understand and complete the initial program application procedures and know when to submit an addendum to a nurse aide training program.

Workshop Agenda

7:30 a.m.	Registration and Continental Breakfast
8:00 a.m.	Welcome and Review of Handouts
8:30 a.m.	Program Structure and Content
9:15 a.m.	Break
9:30 a.m.	Program Structure and Content (continued)
10:30 a.m.	Break
10:45 a.m.	Program Process and Outcomes
Noon	Lunch
1:00 p.m.	Lesson Plans, Special Needs Students, Adult Learning Principles
3:00 p.m.	Break
3:15 p.m.	Record Keeping, Initial Program Application, Program Addendum
4:00 p.m.	Questions and Answers and Review
4:30 p.m.	Certifying Examination

Instructor

Sharon O'Rear, RN, BSN

Workshop Schedule

Workshop Dates	Submit application materials to MDCH by:	Location
Monday, June 5, 2006	Monday, May 15	Holiday Inn West, Lansing (517) 627-3211
Monday, August 7, 2006	Monday, July 17	Holiday Inn West, Lansing (517) 627-3211
Monday, October 2, 2006	Monday, September 11	Holiday Inn West, Lansing (517) 627-3211
Monday, November 13, 2006	Monday, October 23	Holiday Inn West, Lansing (517) 627-3211
Monday, January 29, 2007	Monday, January 8	Holiday Inn West, Lansing (517) 627-3211

How to Apply for the Workshop

Applicants must submit the following application materials:

1. A completed Train-The Trainer Application Form
2. A current resume
3. Proof of teaching qualifications

Detailed requirements are in Section 2 of the Application Form.

Workshop Approval Process

The MDCH staff review the application materials to ensure the qualifications are met. Notification of acceptance or rejection is sent within three weeks of receipt of the required documentation. If the application is denied, you will be informed of the deficiency or omission. The required documentation may then be resubmitted. Questions should be directed to MDCH staff at (517) 373-4674.

Workshop Confirmations

Applicants receiving an approval letter from MDCH will also receive a confirmation letter from the Michigan Association of Homes and Services for the Aging (MAHSA) approximately 10 days before the workshop. A map to the location will be included. At this point you are considered registered for the workshop.

Registration Fee and Payment

The registration fee is \$150 per person which includes refreshments, lunch and course materials. Payment must be made **on-site at the class**. Acceptable forms of payment are money orders or checks made payable to MAHSA. Payments sent with the application materials or to MAHSA will be returned.

Non-attendance and Cancellation

Registered participants who do not attend or who do not provide written cancellation notice more than 72 hours prior to the workshop will be charged a \$25 processing fee. The notice must be faxed to (517) 323-4569 or e-mailed to kbrophy@mahsahome.org. Only one transfer, to another date, will be allowed.

At the Workshop

- **Payment** – As described above, payment must be made at the workshop.
- **ID** – Participants will not be admitted without their current Michigan RN license and photo identification.
- **On-Site Registrants** – Anyone not approved and pre-registered will not be permitted to attend.
- **Contact Hours** - The Michigan Nurses Association has approved this workshop for 9.0 nursing contact hours. At the end of the workshop, participants will receive a certificate.
- The workshop may not be audio or video taped.

2006 Introduction to Train-The-Trainer Workshop Application Form

Both sides must be completed. Please print clearly.

Workshop Choice

1st Choice of Workshop Date _____/_____/_____

2nd Choice of Workshop Date _____/_____/_____

3rd Choice of Workshop Date _____/_____/_____

Applicant Information

Applicant Name (Last) _____ (First) _____ (Middle) _____

_____/_____/_____ (_____) _____
Social Security Number Home Phone Number Active Michigan RN License Number

Street Address (Home)

City State Zip County

Have you taken the Train-The-Trainer workshop before? ☐ YES ☐ NO

If yes, when: _____
Date TTT Certificate Number

Please send my confirmation by: ____ mail to my home address ____ fax to me at my employer

____ e-mail to me at this e-address: _____

Employment Information

Current Employer Name _____

(_____) _____ (_____) _____
Employer Phone Number Employer Fax Number

Current Job Title _____ Length of Time in Current Position _____

How much recent experience do you have in a long-term care facility? _____ years / months?

At what level(s) is your experience? ☐ Nurse Aide ☐ LPN ☐ RN ☐ Other _____

This Statement Must Be Signed and Dated

I affirm that all of the information submitted on this application is true. I am aware that misrepresentation may result in non-approval to attend a Train-The-Trainer Workshop or revocation of my Train-The-Trainer certificate.

Signature

Date

(OVER)

2006 Train-The-Trainer Workshop Application Form

Applicant Requirements – You must submit documentation in each of the three areas.

4. A current/active Michigan Registered Nurse license that is in good standing. LPNs are not eligible.
5. Two years of recent nursing experience as an LPN or RN (1 yr LPN/1 yr RN or 2 yrs RN).
6. **One year** of recent (within last five years) **work or teaching experience** in long-term care facility services. (Long term care is defined as a licensed or certified hospice, nursing home, home health agency, county medical care facility, long-term care unit of a hospital or home for the aged). Experience in rehabilitation agencies is not acceptable for this program.
7. Experience supervising nurse aides, teaching adults, a completed course in teaching adults, or possession of a State of Michigan Teacher Certificate.

Required Documentation

1. A current Resume – Applicant name _____
2. A letter(s) from your employer(s) verifying –
____ at least two years of nursing experience as an LPN or RN with
____ at least one year of recent experience in long term care facility services, and
____ the level of care ____ Nurse Aide ____ LPN ____ RN ____ Other _____
3. Documentation of ONE of the following experiences teaching adults. Acceptable signatures on employer letters include facility administrators and directors of nursing. Letters must be on employer letterhead.

Please check the items you are attaching for the requirement requested in item 3.

- ☐ If you have experience supervising nurse aides, attach a letter(s) verifying this experience from your –
____ current employer and/or
____ previous employer.
The letter(s) must include –
____ the length of time you supervised nurse aides, and
____ a brief description of the duties of the nurse aides you supervised.
OR
- ☐ If you have experience teaching adults in nurse aide programs or in other programs, attach a letter(s) verifying this experience from your –
____ current employer, and/or
____ previous employer.
The letter(s) must include the –
____ length of time you taught
____ areas in which you taught, and
____ type of student you typically taught.
OR
- ☐ If you have completed a course in teaching adults, attach –
____ a copy of your transcript or report card indicating you successfully completed the course, and
____ a copy of the course description. Note: some places it said copy & others said official transcript– which to use?
OR
- ☐ If you are an RN who is a State of Michigan Certified Teacher, attach –
____ a copy of your Teachers Certificate

Documentation Submission

Mail or fax the required documentations at least three weeks prior to the workshop you wish to attend to:

Mail

Train-The-Trainer Application
Bureau of Health Professions
MDCH
PO Box 30670
Lansing, MI 48909-8170

Fax

Train-The-Trainer Application
517-241-9416

If you have questions about these requirements or your submitted application, please call 517-373-4674.